

## CALIFORNIA BOARD OF ACCOUNTANCY

2000 EVERGREEN STREET, SUITE 250 SACRAMENTO, CA 95815-3832 TELEPHONE: (916) 263-3680 FACSIMILE: (916) 263-3675 WEB ADDRESS: http://www.dca.ca.gov/cba



## NAME CHANGE / CERTIFICATE REPLACEMENT REQUEST

NAME CHANGE		
Please complete the following information (please type or print legibly) and sign below.		
New Name		
Former Name		
CPA/PA License No.	Daytime Telephone No	
REPLACEMENT POCKET ID AND/OR WALL CERTIFICATE		
Your original pocket ID and/or wall certificate must be mailed back to the Board office with this request. If your license is in a delinquent or cancelled status, a replacement pocket ID can not be issued. Please check the appropriate box(es) and submit the correct fee(s).		
\$2.00 Pocket ID	\$10.00 Wall Certifi	icate
Full Name (please type or print legibly)		
CPA/PA License No.	Daytime Telephone No.	
Reason for replacement:		
Lost Stolen Name Change Destroyed (Fire, Flood, etc.) Other		
Please explain in further detail the reason for replacement:		
A new pocket ID and/or wall certificate will be mailed to your address of record with the California Board of Accountancy. A new pocket ID will be mailed to you in approximately 14 business days from the date of processing. A new wall certificate will be mailed to you in approximately 6 to 8 weeks from the date of processing.		
I hereby certify, under penalty of perjury under the laws of the State of California, that all statements, answers, and representations on this form are true, complete and accurate. Also, I agree that I will immediately return the pocket ID and/or wall certificate to the California Board of Accountancy, should the ID card/or certificate be found, or report its whereabouts should it become known to me.		
Licensee Signature		Date
For Office Use Only		Processed by:
Date Name Change Processed:  Date Original Wall Certificate Returned:	Date Wall Certificate Ordered:	